 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signisture Agent Addressee
so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Pripted Name) C. Date of Delivery CANC VENUITT 2:17-15
1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
Mr. Carl Vennitti, Jr.	If YES, enter delivery address below: No
1291 North Road, N.E.	(S)
Warren, OH 44483	3. Selece Type Li Certified Anii □ Registred □ Return Registr for Merchandise
5:15cv 54 - DAP	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7000 0600 002	7 0176 2426
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

Sender: Please print your name, address, and ZIP+4 in this box

Clerk's Office, U.S. District Court Northern District of Ohio 2 South Main St. Akron, OH 44308

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